SUMTER COUNTY BOARD OF COMMISSIONERS EXECUTIVE SUMMARY

SUBJECT:	Budget Amendment A-53 (FY 11/12) Group Insurance Fund (Staff recommends										
	approval).										
REQUESTED .	EQUESTED ACTION: Approve Budget Amendment A-53										
	☐ Work Session (Report Only)☒ Regular Meeting	DATE OF MEETING: 5/22/2012 Special Meeting									
CONTRACT:	☐ N/A Effective Date:	Vendor/Entity: Termination Date:									
	Managing Division / Dept: Financial Services Department										
BUDGET IMP	ACT: \$23,600.00										
Annual	FUNDING SOURCE:	Group Insurance Fund - Reserve for									
		Contingencies									
EXPENDITURE ACCOUN EXPENDITURE ACCOUN		T: Group Insurance Fund - Various									
N/A											
HISTORY/FAC	CTC/ICCLIEC.										
The purpose of t		the budget for the flexible spending account to									

BOARD OF SUMTER COUNTY COMMISSIONERS BUDGET AMENDMENT

FISCAL YEAR: 2011/12

AMENDMENT#:_

A-53

				Д	GENDA DATE	5/22/2012		
)	AVAILABLE	.e REVENUE		EXPEN	REMAINING			
	BUDGET	INCREASE	DECREASE	INCREASE	DECREASE	BUDGET		

ACCOUNT		ACCOUNT	AMENDED	AVAILABLE	REVE	ENUE	EXPENDITURE		REMAINING
TYPE	ACCOUNT TITLE	NUMBER	BUDGET	BUDGET	INCREASE	DECREASE	INCREASE		BUDGET
Expenditure	Reserve For Contingencies								
Expenditure	Health FSA Claims	501-596-591-4510		\$ 770					\$ 19,770
Expenditure	DCAP FSA Claims								S 1,000
Expenditure	FSA Admin Fee	51-596-591-4520	\$ 10,506	\$ 6			\$ 3,600		\$ 3,606
									
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	TYPE Expenditure Expenditure Expenditure	TYPE ACCOUNT TITLE Expenditure Reserve For Contingencies Expenditure Health FSA Claims Expenditure DCAP FSA Claims	TYPE ACCOUNT TITLE NUMBER Expenditure Reserve For Contingencies 501-991-999-9300 Expenditure Health FSA Claims 501-596-591-4510 Expenditure DCAP FSA Claims 501-596-591-4515	TYPE ACCOUNT TITLE NUMBER BUDGET Expenditure Reserve For Contingencies 501-991-999-9300 \$ 1,090,670 Expenditure Health FSA Claims 501-596-591-4510 \$ 140,001 Expenditure DCAP FSA Claims 501-596-591-4515 \$ 8,160	TYPE ACCOUNT TITLE NUMBER BUDGET BUDGET Expenditure Reserve For Contingencies 501-991-999-9300 \$ 1,090,670 \$ 1,090,670 Expenditure Health FSA Claims 501-596-591-4510 \$ 140,001 \$ 770 Expenditure DCAP FSA Claims 501-596-591-4515 \$ 8,160 \$ -	TYPE ACCOUNT TITLE NUMBER BUDGET BUDGET INCREASE Expenditure Reserve For Contingencies 501-991-999-9300 \$ 1,090,670 \$ 1,090,670 Expenditure Health FSA Claims 501-596-591-4510 \$ 140,001 \$ 770 Expenditure DCAP FSA Claims 501-596-591-4515 \$ 8,160 \$ -	TYPE ACCOUNT TITLE NUMBER BUDGET BUDGET INCREASE DECREASE Expenditure Reserve For Contingencies 501-991-999-9300 \$ 1,090,67	TYPE ACCOUNT TITLE NUMBER BUDGET BUDGET INCREASE DECREASE INCREASE Expenditure Reserve For Contingencies 501-991-999-9300 \$ 1,090,670 </td <td>TYPE ACCOUNT TITLE NUMBER BUDGET BUDGET INCREASE DECREASE DECREASE Expenditure Reserve For Contingencies 501-991-999-9300 \$ 1,090,670 \$ 1,090,670 \$ 1,090,670 \$ 1,090,670 \$ 23,600 Expenditure Health FSA Claims 501-596-591-4510 \$ 140,001 \$ 770 \$ 19,000 Expenditure DCAP FSA Claims 501-596-591-4515 \$ 8,160 \$ - \$ 1,000</td>	TYPE ACCOUNT TITLE NUMBER BUDGET BUDGET INCREASE DECREASE DECREASE Expenditure Reserve For Contingencies 501-991-999-9300 \$ 1,090,670 \$ 1,090,670 \$ 1,090,670 \$ 1,090,670 \$ 23,600 Expenditure Health FSA Claims 501-596-591-4510 \$ 140,001 \$ 770 \$ 19,000 Expenditure DCAP FSA Claims 501-596-591-4515 \$ 8,160 \$ - \$ 1,000

Totals

Totals

23,600 \$ 23,600

Total Budget Change \$ 23,600

EXPLANATION: The purpose of this budget amendment is to adjust the budget for the flexible spending account to reflect the anticipated premiums and expenses.